

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SX109 225 9000B

Date In: 09/05/2022 17:47	Job description	Date & Time Completed	Done by
Ref No: 1/3A/M122004290/4	SAS e-filing		
Veh No: SKD 280B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/05/2022 12:20	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SYW1508GT	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

<p>NA2201232</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>L 1:</p> <p>L 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Inc Bill	Add Bill		
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) NI : Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD*				
*N5: Courtesy Car / Tpt Allowance		\$5		
*N6: Repair Co-ordination		\$10		
*N7: Post Repair Inspection		\$25		
*N8: DV / Collect Excess Coordination		\$5		
TP (N11) : TP (Non INC) against INC		\$20		
9) N12: Idao Mobile		\$0		
Invoice dated	Fee Charged			
Invoice dated	Fee Charged			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	09/05/2022 17:47 (SGT)
Date of Accident	07/05/2022 12:20 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	TOWARDS TPE (SLIP ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD230B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO KIN CHARN
NRIC No	SXXXX819H
Email Address	herron@swimwerks.com.sg
Mobile Phone No	(Phone) +65-94243415
Alternative Phone No	+65-82334507

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS006526-R01
Cover Note Number	-

DRIVER

Name of Driver	HERRON HO WEI CHONG
NRIC No	SXXXX716Z

Date Of Birth	22/05/1996
Occupation	Outdoor
Date Of Driving Pass	01/06/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82334507
Alt. Phone Number	-
Email Address	herron@swimwerks.com.sg
Address	BLK 804 HOUGANG CEBTRAL #02-122
Address complement	-
Postcode	530804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CALISTA SIM YING XUAN
Gender	Female

PASSENGER 2

Name	HO KIN CHARN
Gender	Male

PASSENGER 3

Name	CHEONG CHENG YEE LEONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW1508G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HERRON HO WEI CHONG
Gender	Male
Phone No	(Phone) +65-82334507
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD230B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CALISTA SIM YING XUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD230B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	HO KIN CHARN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD230B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	CHEONG CHENG YEE LEONG
Gender	Female
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD230B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

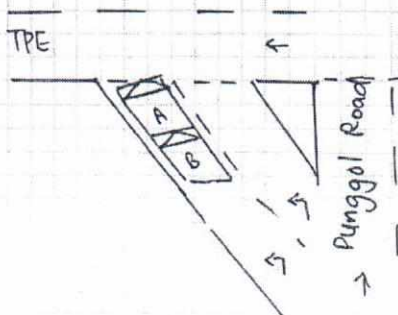
09/05/2022

Sketch Plan

Punggol Road towards TPE Slip Rd

Vehicle A - SKD230B

Vehicle B - SJW1508G




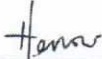
Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (SKD230B) was travelling along
on left lane
the slip road of the stated location. As there were the vehicles at the main road, I
stopped to give way. Second later, I felt an impact from my rear portion causing
me surge forward. Vehicle B (SJW1508G) was collided onto the rear portion of my
vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


Driver's Signature (If driver is not the policyholder) / Date
& Time

 09/05/2022
Witnessed by Reporting Centre
Personnel

TNG

Date of Accident : 07/05/2022 Accident Time: 1200pm (24-HR-FORMAT)
 Accident Place : Punggol Road towards TPE (skip Road)
 Vehicle Reg. No (Car plate No.) : SKO 2308 Vehicle Make/Model: Honda Civic
 Insurance Company : Tokio Marine Policy No. 24-MS006526-R01
 Name of Registered Owner : Company / Individual Ho Kin Charn
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1689819H
 : Co Contact No: - Owner's Contact No: 9424 3415
 DRIVER'S Name : Herron Ho Wei Chong DRIVER'S NRIC No: S96177162
 DRIVER'S Date of Birth : 22 May 1996 DRIVER'S License Pass Date 01 Jun 2016
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Other :
 DRIVER'S Address : APT B1K 804 Hougang Central #02-122 Singapore 530 804
 DRIVER'S Contact No / Alt No. : 1) 8233 4507 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : herron@swimwerks.com.sg
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (including Driver): 04
 Was the accident reported to the police? YES / NO
 Was there any video Captured by car camera? YES / NO
 Any Injuries: YES / NO Injured Name: ① Calista Sim Ying Xuan, Female
 Injured Name: ② Ho Kin Charn Gender: M/F
 Injured Name: ③ Cheong Cheng Yee Leona Gender: M/F
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
 Injured Name: ④ Herron Ho Wei Chong Yee Leona

Other Party Driver's Particulars (if any)

Vehicle Reg No: SJW 15089
 Vehicle Make/Model:
 Name DRIVER:
 IC No. DRIVER:
 DRIVER'S Contact & add:

Vehicle Reg No:
 Vehicle Make/Model:
 Name DRIVER:
 IC No. DRIVER:
 DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:
 Vehicle Make/Model:
 Name DRIVER:
 IC No. DRIVER:
 DRIVER'S Contact & add:

Vehicle Reg No:
 Vehicle Make/Model:
 Name DRIVER:
 IC No. DRIVER:
 DRIVER'S Contact & add:

Tokio Marine Insurance Singapore Ltd.

(Company Reg No: 192300014M) (GST Reg No: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MXI

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 21-MS006526-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SKD230B Chassis No.: MRHFC5650KT000280
2. Name of Policyholder HO KIN CHARN
3. Effective date of the Commencement of Insurance for the purposes of the Act 17/06/2021
4. Date of Expiry of Insurance 16/06/2022
5. Persons or Class of Persons entitled to drive*
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace- making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Ho Meng Lee - Motor Unde

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